
Adult Trauma Emergencies: Single or Multiple System Trauma



Note Well: *This protocol applies to patients that are injured as a result of trauma with a GCS of < 14, systolic BP < 90 or respiratory rate < 10 or > 30, penetrating injuries to the head, neck, chest, abdomen, and extremities proximal to the knee or elbow. Patients with 2 or more proximal long bone fractures, flail chest, combination trauma with burns, pelvic fractures, amputation or crush injuries proximal to wrist or ankle, limb paralysis. Automotive crashes greater than 40 mph with major deformity to the vehicle > 20 inches, intrusion into passenger compartment > 12 inches, vehicle rollover and ejection from a vehicle. When in doubt take the patient to the closest open trauma center for further evaluation.*

I. All Provider Levels

1. Refer to the Trauma Assessment Protocol.
2. Provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



Note Well: *EMT-I and EMT-P should use ET intubation.*

4. Treat all life threatening injuries as soon as possible (advanced airway procedures, decompression of a tension pneumothorax, sealing a sucking chest wound, hand stabilizing a flail chest, stabilizing a protruding object from the head, neck, eye, chest or abdomen) and consider "load and go" option.

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Note Well: For patients who are trapped, impaled or who are at risk of crush syndrome remember to monitor vital signs, level of consciousness, respiratory and cardiovascular status and EKG as possible. Initiate basic and advanced care prior to or during extrication if possible. For lengthy and difficult extrications, consider the response of an EMS physician or GO team (see Protocols G9 and G10) .

I. All Provider Levels (continued)

5. Establish an IV of Normal Saline and titrate to a systolic blood pressure of 90 mmHg.



Note Well: An ALS Unit must be en route or on scene.

6. Normal Saline boluses of 500 cc up to a maximum of 1,000 cc. if symptoms of hypoperfusion are present.
 - A. Reassess after every 500 cc.



II. Advanced Life Support Providers

1. Attach EKG monitor and interpret rhythm if time and personnel permit.
2. Suspect tension pneumothorax if three of the four conditions listed below are present
 - A. Severe respiratory distress
 - B. Tracheal deviation
 - C. Absence of lung sounds on the affected side
 - D. Distended jugular veins

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II. Advanced Life Support Providers (continued)

3. If tension pneumothorax is suspected
 - A. Perform needle decompression at the 2nd intercostal space mid-clavicular on the affected side utilizing a large bore needle with one way valve.
 - B. Reassess patient and notify Medical Control of the response to the therapy.



III. Transport Decision

1. Transport immediately to the closest appropriate facility.



IV. The Following Options are Available by Medical Control Only

1. Sodium Bicarbonate 100 mEq IVP for large crush injuries prior to releasing.

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